

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 7832
Registrar's No. 6

Registration District No. 716

Primary Registration District No. 5945

1. PLACE OF DEATH:

- (a) County Pulaski
 (b) City or town Crocker (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community 20 years
years, months or days)3. (a) PRINT
FULL NAMEWilhelmina Roth3A-0

3. (b) If veteran,

name war

3. (c) Social Security

No. none

4. Sex
- Female

5. Color or

race White

6. (a) Single, widowed, married,
-
- divorced
- Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife If

alive 90 years

7. Birth date of deceased
- Dec. 18

(Month)

(Day)

1 855

(Year)

8. AGE:

Years

Months

Days

If less than one day

8427

hr.

min.

9. Birthplace
- St. Louis, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation
- House wife

11. Industry or business
- Over home

12. Name
- Wilken Wrieden

13. Birthplace
- Germany

(City, town, or county)

(State or foreign country)

14. Maiden name
- Unknown

15. Birthplace
- Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature
- Minna Roth

- (b) Address

477 Crocker, Mo.

17. (a)
- Burial 7 1940

(Burial, cremation, or removal)

- (b) Date thereof

Feb. 27, 40

(Month) (Day) (Year)

- (c) Place: burial or cremation
- Crocker Cemetery

18. (a) Signature of funeral director
- J. L. WOODS & SONS

- (b) Address

Crocker, Mo.

19. (a)
- Feb 26/40

(Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Pulaski

- (c) City or town
- Crocker, (Rural)

(If outside city or town limits, write "RURAL")

- (d) Street No.
- 0

(If rural, give location)

- (e) If foreign born, how long in U. S. A.
- ✓
- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Feb.
- day
- 25
- 1940
-
- year
- 1940
- hour
- 8
- minute
- 30
- AM.

21. I hereby certify that I attended the deceased from
- January 2nd 1939
- , to
- February 25, 1940
- ; that I last saw her alive on
- February 25, 1940
- ; and that death occurred on the date and hour stated above.

- Immediate cause of death
- Acute Nephritis

Duration

3 Mos

- Due to
- Chronic Myocarditis

- Due to
- Chronic Nephritis

- Other conditions
- Chronic Nephritis

(Include pregnancy within 3 months of death)

- Major findings:
- No operation

Of operations

- Of autopsy
- None

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur?

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

(Specify type of place)

(e) Means of injury

23. Signature
- W. S. Seely
- (M. D. or other)

- Address
- Crocker, Mo.
- Date signed
- 2/27/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

....., Registered Apprentice No.

..... working under my personal supervision.

RECEIVED

District Order No. 5,

District 340273

Date Filed 3840

Signed.....

Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.